CAMHS PROPOSAL 06/07

User Involvement Research

Policy Initiatives

Portsmouth 8: Having the right to have an active say in any development.

National Service Framework for Children & Young People, Standard 9

Improving Mental Health outcomes in Looked After Children

Child and Young Persons Panel

Improving emotional and mental health

2001 LAC CAMHS TEAM

Developed training package delivered as a rolling training programme to foster carers, residential staff, social workers, family placement workers and managers in Social Services.

Paucity of British research to demonstrate improved outcomes for this vulnerable group.

Step 1 Research Proposal/Question/Topic

To undertake a research project into the experience of foster carers attending a mental health training package.

Clinician needs to find Quantitative/Qualitative research to show clinical findings/review literature on training packages offered to carers.

Step 2 Search Strategy

Search CINAHL Database Nursing NHS
Advanced Search (Whole Documents)
Thesaurus Mapping

Foster – Home – Care
Child – Behaviour – Disorders
Cross referenced

Results
706
970
20 Papers

Step 3  Audit Trail of Articles: See Tables of Content

3 Broad Categories

Theories/Perspectives
2
5
9
11
16
17
13

Training/Practice
10
Training foster carers in a preventative approach
14
Training foster carers in challenging behaviour: a case study in disappointment

Treating Models
1
19
6
8
3
4
7
12

Step 4  Choice of Relevant Articles

3 Research Papers

Quantitative/ Qualitative Research
Training Packages
Similar Sample Population
Relevance to CAMHS Team
Identical research paper as 14.

Paper chosen achieved four criteria.

Paper achieved two of the criteria.
APPENDIX 2

FORMAT FOR DOCUMENTING EVIDENCE BASED PAPERS
Question to be considered in the evidence-based practice process:

**P (Population)** — Children in foster Care.

**I (Intervention of interest)** — Attitudes of carers who received the Attachment based training group

**C (Comparison of interest)** — Attitudes of carers who did not receive attachment based training group.

**O (Outcome of interest)** — The attitudes of the carers and the impact on placement stability.

**T (Time)** — For up to three year placements

**Paper 14**


**Who involved:** 103 Children and 106 Foster children  **What Occurred:** Created a training intervention group and a non-intervention comparison group.

**Where Completed:** In Four Local Authorities in South Wales.

**When:** 2002

**Why:** In order to detect any changes they perceived in the conduct of the children and changes they perceived in their own capacities as carers.

**How:** Training delivered in mall groups and evaluative feedback was gathered from the carers and training officers. The results were statistically analysed.

**Consistencies:** Training as delivered and designed in this study had limited impact on child conduct or carer capacity.

**Gaps:** Time limited, evidence of bias.
APPENDIX 3

CONTENT OF TRAINING PROGRAMME
Content of Training Programme

Key Modules

Day 1:

- Local demographics
- Research statistics
- Attachment theory.
- Developmental attachment patterns.
- Gender bias in attachment research
- Neurological development.
- Chronic trauma and executive functioning.
- Risk Factors
- Symptoms of attachment difficulties.
- Emotions behind the behaviours

Day 2:

- Strengthening the bonds of attachment.
- Importance of own attachment history.
- Secondary traumatic stress.
- Therapeutic foster care: Need for a good support team.
- Fun and Laughter.
- PACE Model
APPENDIX 4

SATISFACTION QUESTIONAIRES
The qualitative feedback is quoted in tables 1 to 4 below. This demonstrates a range of satisfaction from the training from various groups of professionals over a three year period 2004-2007. The quotes are taken directly from the questionnaires and are not altered in any way.
Table 1

**Feedback from Foster Carers and Residential Staff**

*Increased knowledge/De-personalised behavioural issues:*

- “Knowledge helped me to stay calm in difficult situations.”
- “Learnt not to take things personally.”
- “Helped me understand the children more.”

Table 2

**Feedback from Social Workers**

*Improved communication/ helped working together:*

- “Enabling us to work together”
- “I was able to the correct info and advice to carers”
- “Group was really helpful to consolidates and update knowledge and skills in this area”

Table 3

**Feedback from the Family Placement team**

*Clarified their role in the network/aid to future projects:*

- “Raised constructive questions for current practice and how knowledge could be transferred to practice”
- “Given me ideas about future projects around early intervention”
- “Learnt more generally about the role of Family Placement Social Workers”
**Feedback from Managers**

Increased understanding of children/ Practice issues:

- "It was good that there was so much discussion about real children in real situations"
- "Helped me in advising and supervising others and also finalising care plans"
- "Really helped me to understand what looked after children are experiencing"
APPENDIX 5

COPY OF QUANTITATIVE QUESTIONNAIRES
Knowledge Questionnaire;

• What percentage of children and young people in local authority care experience mental health difficulties? Please tick one box
  □  30%
  □  50%
  □  60%
  □  75%

• What is attachment?
  a. A relationship when the child is over dependent.
  b. Affectionate tie between two people
  c. A feeling the child experiences when distressed
  d. A way to describe an anxious child

• How can a good attachment help a child who is traumatised?

• What age are children when they develop the following;
  o Organisation of behaviour? __________
  o Biological regulation?___________

• What hormone is released into the brain when a child is experiencing stress?
  o Cortisol
  o Serotonin
  o Growth Hormone

• What percentage of neural pathways within the brain are laid down in the first two years of life?
  □  40%
  □  60%
  □  80%
Family Impact Questionnaire-R

Being a parent can be difficult, and children have different effects on the family. We would like to know what impact your child has had on the family compared to the impact other children his/her age have on their families. The following questions attempt to understand children’s impact on different areas of family functioning. Please check the category that best describes your situation in terms of how things have been in general for you with reference to the child who is participating in the program.

Please complete the questionnaire items below as accurately as you possible can, bearing in mind that 1 = Not at all, 2 = Somewhat, 3 = Much, 4 Very much

Your feelings and attitudes about your child

COMPARRED TO CHILDREN AND PARENTS WITH CHILDREN THE SAME AGE AS MY CHILD ............

1. My child is more stressful
2. I enjoy the time I spend with my child more.
3. My child brings out feelings of frustration and anger more.
4. My child brings out feelings of happiness and pride more.
5. When I am with my child, I feel less effective and competent as a parent.
6. It is easier for me to play and have fun with my child.
7. My child’s behaviour bothers me more.
8. My child makes me feel more loved.
9. I feel like I am working alone in trying to deal with my child’s behaviour.
10. My child makes me feel more energetic.
11. I feel like I could be a better parent with my child.
12. My child makes me feel more
13. I feel like I should have better control over his/her behaviour.

14. My child does what I tell him/her to do most of the time.

15. I feel like I know how to deal with my child’s behaviour most of the time.

The impact of your child on your social life

16. My child’s behaviour embarrasses me in public more.

17. My family avoids social outings more (e.g. restaurants, public events) because of his/her behaviour.

18. It is more difficult to find a baby-sitter to stay with him/her.

19. My family visits relatives and friends less often than I would like to because of my child’s behaviour.

20. My child interferes more with my opportunity to spend time with friends.

21. I feel more tense when my family goes out in public, because I am worried about his/her behaviour.

22. I need to explain my child’s behaviour to others more.

23. I participate less in community activities because of my child’s behaviour.

24. I have guests over to our house less often than I would like to because of my child’s behaviour.

25. I take my child shopping and on errands less.

The financial impact of your child

26. The cost of raising my child is more.

27. The cost of child care is more.
28. The cost of food, clothes and/or toys
   Is more.

29. The cost of home alterations and/or
   fixing and replacing items in the home
   is more.

30. The cost of medication, medical care
   And/or medical insurance is more.

31. The cost of education and
   psychological services is more.

32. The cost of recreational activities
   (e.g., music, swimming, gymnastics) is
   More.

IF YOU ARE MARRIED COMPLETE THE FOLLOWING SECTION. OTHERWISE SKIP TO
QUESTION NUMBER 40.

The impact of your child on your marital
relationship

COMPARED TO PARENTS WITH CHILDREN
REN THE SAME AGE AS MY CHILD....

33. My spouse and I disagree more about
   how to raise this child.

34. My spouse is more supportive of the
   way I deal with my child’s behaviour.

35. This child pits my spouse and me
   against each other more.

36. Raising this child has brought my spouse
   and me together.

37. My child causes more disagreements
   between my spouse and me.

38. My spouse is less supportive of the way
   I deal with my child’s behaviour.

   1  2  3  4

39. Raising this child has pushed my
   spouse and me farther apart.

IF YOU HAVE OTHER CHILDREN, COMPLETE THIS SECTION. OTHERWISE SKIP TO
QUESTION NUMBER 49.

The impact of your child on his/her siblings

COMPARED WITH OTHER CHILDREN
MY CHILD’S AGE

40. The other children in the family help
   take care of him/her more.
41. My child prevents his/her siblings from participating in activities more.

42. The other children in the family complain about his/her behaviour more.

43. the other children in the family feel more embarrassed by his/her behaviour.

44. My child is more rejected by his/her siblings

45. The other children in the family invite friends over to the house less often because of his/her behaviour.

46. The other children in the family enjoy spending time with him/her more.

47. My child uses his/her sibling’ toys Without asking permission more.

48. My child breaks or loses his/her siblings toys more.

General Questions

49. Compared with other children my child’s age, the degree of difficulty living with him/her is:

<table>
<thead>
<tr>
<th>Much easier</th>
<th>Easier</th>
<th>Slightly easier</th>
<th>About the same</th>
<th>Slightly more difficult</th>
<th>More difficult</th>
<th>Much more difficult</th>
</tr>
</thead>
</table>

50. Compared with other children my child’s age, the impact of my child on our family is:

<table>
<thead>
<tr>
<th>Much less Positive</th>
<th>Less Positive</th>
<th>Slightly Less Positive</th>
<th>About the Same</th>
<th>Slightly More Positive</th>
<th>More Positive</th>
<th>Much More Positive</th>
</tr>
</thead>
</table>
Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of your child’s behaviour over the last month.

<table>
<thead>
<tr>
<th>Item</th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considerate of other people’s feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restless, overactive, cannot stay still for long</td>
<td></td>
<td></td>
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<tr>
<td>Often complains of headaches, stomach-aches or sickness</td>
<td></td>
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<tr>
<td>Shares readily with other children (treats, toys, pencils etc.)</td>
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<tr>
<td>Often has temper tantrums or hot tempers</td>
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<tr>
<td>Rather solitary, tends to play alone</td>
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<td></td>
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<tr>
<td>Generally obedient, usually does what adults request</td>
<td></td>
<td></td>
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<tr>
<td>Many worries, often seems worried</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Helpful if someone is hurt, upset or feeling ill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constantly fidgeting or squirming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has at least one good friend</td>
<td></td>
<td></td>
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<tr>
<td>Often fights with other children or bullies them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often unhappy, down-hearted or tearful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generally liked by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easily distracted, concentration wanders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nervous or clingy in new situations, easily loses confidence</td>
<td></td>
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<td></td>
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<tr>
<td>Kind to younger children</td>
<td></td>
<td></td>
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<tr>
<td>Often lies or cheats</td>
<td></td>
<td></td>
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<tr>
<td>Picked on or bullied by other children</td>
<td></td>
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<td></td>
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<tr>
<td>Often volunteers to help others (parents, teachers, other children)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Thinks things out before acting</td>
<td></td>
<td></td>
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<tr>
<td>Steals from home, school or elsewhere</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gets on better with adults than with other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Many fears, easily scared</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sees tasks through to the end, good attention span</td>
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</tbody>
</table>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side
Since coming to the clinic, are your child's problems:

- Much worse
- A bit worse
- About the same
- A bit better
- Much better

Has coming to the clinic been helpful in other ways, e.g. providing information or making the problems more bearable

- Not at all
- Only a little
- Quite a lot
- A great deal

Over the last month, has your child had difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

- No
- Yes—minor difficulties
- Yes—definite difficulties
- Yes—severe difficulties

If you have answered "Yes", please answer the following questions about these difficulties:

- Do the difficulties upset or distress your child?
  - Not at all
  - Only a little
  - Quite a lot
  - A great deal

- Do the difficulties interfere with your child’s everyday life in the following areas?
  - HOME LIFE
  - FRIENDSHIPS
  - CLASSROOM LEARNING
  - LEISURE ACTIVITIES

- Do the difficulties put a burden on you or the family as a whole?
  - Not at all
  - Only a little
  - Quite a lot
  - A great deal

Signature ........................................................................................................... Date ..........................................................................

Mother/Father/Other (please specify:)

Thank you very much for your help
### COURSE EVALUATION FORM

**FOR SOCIAL CARE LEARNING & DEVELOPMENT TEAM**

**RESOURCES LEARNING & DEVELOPMENT SECTION**

<table>
<thead>
<tr>
<th>NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>JOB TITLE</td>
<td></td>
</tr>
<tr>
<td>SECTOR</td>
<td></td>
</tr>
<tr>
<td>WORK BASE</td>
<td></td>
</tr>
</tbody>
</table>

| COURSE |  |
| DATE |  |
| VENUE |  |
| TRAINER |  |

The following headings serve only to direct your feedback. Please add any comments you wish and rate how the training day went for you.

### CONTENT

<table>
<thead>
<tr>
<th>PLEASE TICK APPROPRIATE BOX</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were the course objectives met?</td>
<td></td>
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<tr>
<td>Was the course at the right level for you?</td>
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<tr>
<td>Was the content relevant to your work?</td>
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<tr>
<td>Did the course content reflect good, non-discriminatory practice?</td>
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<tr>
<td>Did the course content reflect Service User/Carer perspective?</td>
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<tr>
<td>Did the course reference current research and evidence-based practice?</td>
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<tr>
<td>Which parts of the course were most useful?</td>
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<tr>
<td>What was the least useful?</td>
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</tbody>
</table>
## ORGANISATION & DELIVERY

**Please give your rating (1 lowest : 4 highest)**

<table>
<thead>
<tr>
<th>COMMENTS</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you receive course information in plenty of time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevance of teaching methods</td>
<td></td>
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<tr>
<td>Standard of presentation and facilitation</td>
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<tr>
<td>Was the course delivered in a clear understandable format?</td>
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<tr>
<td>Trainer's pace of course</td>
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<tr>
<td>Did the trainer reflect on non-discriminatory practice?</td>
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<tr>
<td>Relevance of course material and handouts</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Size &amp; composition of group</td>
<td></td>
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<tr>
<td>Were you able to raise issues important for your learning?</td>
<td></td>
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</tbody>
</table>

## PRACTICAL ARRANGEMENTS

**Please give your rating (1 lowest : 4 highest)**

<table>
<thead>
<tr>
<th>COMMENTS</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were the practical arrangements adequate?</td>
<td></td>
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</tbody>
</table>

## PRACTICE

**In what ways do you intend to develop or change your practice as a result of your learning?**

**If you were the training officer designing this course, how would you improve it?**
Private and Confidential

Dear

I am an Advanced Nurse Specialist who works within the Child and Adolescent Mental Health Service for Children Looked After. We are currently working to complete a research project within which you may be asked to be involved. As Karen Corrigan (Learning and Development lead) may have mentioned to you, I would like to meet with foster carers participating in the two-day training course entitled ‘Helping Children to Form Good Attachments’ held on the 5th and 6th May 2009.

My aim would be to find out what you expect from the group training and how you experienced the training. This would involve meeting you three times; once before the group commences, again when it is completed and then 12 weeks later.

I expect that each of the three meetings will last 20-30 minutes and I would meet you at a time and place (home or clinic) that is convenient to you.

Karen will phone to check if you are willing to take part in the project. I will then make contact to arrange an initially convenient time to meet. Please feel free to ask any questions before making your decision.

Please note you are under no obligation to take part and that if you do your views will not be identified when the results are made available to the clinic team.

Thanking you for your help.

Yours sincerely

Mandy Burton
Advanced Nurse Specialist

Child & Adolescent Mental Health Services
Information sheet for Foster Carers who applied to attend the Attachment Workshops

Title

An evaluation of foster carers experiences following attendance of the training group workshops offered by Child and Adolescent Mental Health Service for Looked After Children.

Invitation

My name is Mandy Burton I am an Advanced Nurse Specialist for Looked After Children. I am based at Falcon House which is part of Portsmouth Primary Care Trust. As part of a Professional Doctorate in Nursing at Portsmouth University, I am undertaking a research study to evaluate the experience of foster carers attending the Attachment Training.

You are invited to take part in a research study. The following information gives an explanation of the study. Please ask Karen Corrigan (Learning and Development Lead) if there is anything you are unclear about or if you would like further information.

The Purpose of the Study

Since 2000 Social Services and Child and Adolescent Mental Health Services have been working closely to give more specialist training and support to foster carers. This evaluation seeks to explore foster carer’s experience of this training and develop improved training for carers in the future.

Why have I been Chosen?

I hope to interview all the foster carers who have participated in the training workshop.

From the information gained I will develop the training further to meet the needs of foster carers.

Do I have to take part?

I realise it is not always possible for people to take part. If you do not agree to take part this will not affect the training you receive in any way. If you do agree to take part you are free to refuse to answer any questions and may withdraw from the study at any time without giving a reason. If you do decide to take part you will be given this information sheet and asked to sign a consent form.

What will happen to me if I take part?

It would involve your participation in a tape recorded interview before and after the training. You will be asked to participate in a further interview after 12 weeks. It is anticipated it will last no longer than 30 minutes depending upon how much you want to share. The interview could take place in a clinic or your home setting. The tape recording can be stopped at any time. Once the tape has been transcribed you will be invited to read through the interview to check that it gives an accurate recording of the discussion that took place.
You will also be required to fill in three short questionnaires which will be sent to you to fill in prior to the interviews.

**Will my taking part in this study be kept confidential?**

Any information you give will be confidential and will be handled only by my supervisor and myself. No names will be attached to the information given and tapes or transcripts will be kept securely according to university regulations. Any information that you provide will be very helpful in evaluating the Trust response to attachment training. Verbatim quotes will be used however with your permission.

**What happens to the results of the research?**

A report will be written which will be submitted to the CAMHS strategy group and the University in Portsmouth. The Steering Group will discuss the outcomes and ways of disseminating the results to a wider community to improve the mental health needs of Looked After Children.

This study had been reviewed by the Portsmouth University and Portsmouth Local Authority Ethics committee.

If you feel you would like to take part in the study, I have included a letter of invitation and a letter of consent which would need to be signed and returned in the stamped addressed envelope provided.

I would be happy to talk to you further about the study before you decide to participate and answer any questions you may have.

My contact details are:
Falcon House: 02392684700 or Mobile: 07775560970
Dear

Thank you for agreeing to take part in this study. As you are aware I am an Advanced Nurse Specialist working in the Child and Adolescent Mental Health Service for Children Looked After.

I am interested in evaluating people’s expectations and experiences of the training group for foster carers.

I propose to interview all carers taking part in the group about their experiences of the training as follows:

- Three short interviews lasting approximately 30 minutes each.
- I would like to tape record the interviews which will be kept strictly confidential.
-Extracts may be used as part of my final research report but your name and any other identifiable characteristics will not be used in the report.

If you are willing to take part in the study, please sign below.

I would like to emphasise your participation is entirely voluntary and that you are free to withdraw consent at any time.

Yours sincerely

Mandy Burton
Advanced Nurse Specialist
Child & Adolescent Mental Health Services

I consent to take part in the study as outlined above.

......................................................... Signed

......................................................... Print Name

......................................................... Date

I would like to be sent a report on the results of the project  

Yes  No
APPENDIX 9

COPY OF ETHICAL APPROVAL
Ethical Approval

10.03.09 Copy of E-mail received from:

Local Research Ethics Committee Co-ordinator:

-----Original Message-----
From: David Carpenter [mailto:David.Carpenter@port.ac.uk]
Sent: 09 March 2009 18:54
To: Burton Mandy - Community Nurse Therapist
Cc: scsha.sehrec@nhs.net
Subject: Re: Ethics approval query

Dear Mandy

good to hear from you, I do have a vague recollection. This is not NHS research given that it does not involve NHS patients, staff, carers, data etc. Ethical review of social care research is currently under development - but I don't think that there is any formal national service yet. You are complying with the RGF and will be seeking ethical review via the SHSSC Ethics committee - I think that this is adequate. Hope that this helps and best of luck with the prof doc Dave

Portsmouth City Council Children’s Social Care External Research Governance Application Form was completed and sent to Vaughan and this is the response:

30/03/09

Copy of E-mail received from the senior manager for Policy and Specialist Services for Looked after Children Vaughan Tudor Williams (Portsmouth Directorate for Children and Families Learning Social care).

From: Tudor-Williams, Vaughan [mailto:VTUDOR-WILLIAMS@PORTSMOUTHCC.GOV.UK]
Sent: 30 March 2009 14:09
To: Burton Mandy - Community Nurse Therapist
Subject: RE: Proposal for research regarding the training of Foster carers by Camhs.

Thanks Mandy and apologies for the delay in responding. The "Ethics Committee" have considered the application and I am pleased to be able to confirm that they have approved the proposal.

regards

Vaughan
# Portsmouth City Council Children’s Social Care

## External Research Governance Application Form

Please return the completed form via your tutor, with any supporting documentation, as an email attachment to vtudor-williams@portsmouthcc.gov.uk and sarah.lewis@portsmouthcc.gov.uk

<table>
<thead>
<tr>
<th>1. Title of Research</th>
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<tbody>
<tr>
<td><strong>Title of research:</strong></td>
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<tr>
<td>An in-depth exploration of foster carer's experiences of attending an Attachment Theory and Practice training workshop offered by the Portsmouth Child and Adolescent Mental Health Service for Looked After Children (CAMHS/LAC), which aims to increase their knowledge, attitude and perception of the mental health needs of looked after children.</td>
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<th><strong>Start Date:</strong></th>
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<th>2. Main Researcher</th>
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<tr>
<td><strong>Name:</strong></td>
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<tr>
<td>Mandy Burton</td>
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<tr>
<td>Advanced Nurse Specialist</td>
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<th><strong>Organisation:</strong></th>
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<tr>
<td>Child and Adolescent Mental health Service for Looked After Children Portsmouth Primary Care Trust.</td>
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<tr>
<th><strong>Address:</strong></th>
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<tr>
<td>Child and Adolescent Mental Health Service Looked After Children's Team Falcon House St James Hospital Locks way Road Portsmouth</td>
</tr>
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PO4 8LD

Telephone No
Tel 023 92 684700
Fax 023 92 684701

Email:
mandy.burton@ports.nhs.uk

Previous Research Experience:
Masters of Sciences Degree in 1994 Portsmouth University.

3. Research Supervisor

Name:
Dr. Ann Dewey

Organisation:
Senior Lecturer
School of Health Sciences & Social Work

Address:
University of Portsmouth
James Watson Hall (West)
2 King Richard 1st Road
PORTSMOUTH
P01 2FR

Telephone No:
Tel: 02392 844426

Email:
ann.dewey@port.ac.uk

4. Funding

Name of Funding Organisation:
Portsmouth Primary Care Trust

Address:
5. Ethics and Governance Reviews

Please provide details of any ethic reviews the research has been subject to, if any:

This research will be guided by the Health’s Research Governance framework for health and Social Care. (RGF)

NHS Local Research Ethics Committee contacted, David Carpenter has advised this does not need NHS ethics approval.

School of Health Sciences and Social Work Ethics Committee (Portsmouth University): Will review after this research ethics approval has been gained.

What was the outcome?: As Above.

6. Aims and Objectives for the research project

Aims:

The aim of this research is to undertake an illuminative evaluation to explore the process and outcome of foster carers attending a training course which aims to increase carers’ knowledge regarding the mental health needs of children who are looked after within local authority care.

The purpose of this research is to contribute to and gain new knowledge regarding the training needs of foster carers, who care for children with mental health difficulties, from the CAMHS/LAC.

Objectives:

1) Explore the experience of professional foster carers receiving training during and after delivery.
2) Evaluate the knowledge gained from the training and explore their perception of how this affected their practice.
3) Identify areas of strengths and weaknesses of the training.
4) To use the information gained from the research to influence the shape and direction of future training and support from the Child and Adolescent Mental Health Service for Looked After Children.
7. Methodology

(Please provide details of the methods and techniques you plan to use within the research)

This research study will use a combination of qualitative and quantitative methodology in an attempt to provide comprehensive evaluation. It is envisaged that using multiple sources to provide data about the training experience will provide an insight from different aspects of the reality under investigation.

Data collection methods are likely to include the following: three in-depth semi-structured interviews of carers, one interview conducted pre-training and one follow up interview post training, with one three month follow up interview.

In addition, standardized questionnaires to measure the perceived strengths and difficulties of the child by the carer and the perceived impact of the child upon the family, and a baseline knowledge questionnaire together with diary accounts and a baseline knowledge questionnaire:

- Strengths and Difficulties questionnaire (Goodman 1998)
- Family Impact questionnaire (FIQ Donenberg and Baker 1993)
- A multiple choice questionnaire designed by the trainers will be administered to aid an assessment of the knowledge gained. This measures knowledge regarding four areas of the training. This will be explored during through a pilot in 2008.

A triangulation approach will facilitate both the comprehensive nature of the data (Savage 2000) and provide confirmation or otherwise of the value of the training course (Shih, 1998).

*Please refer to attached proposal for further details.
8. Presentation of Findings

(Please provide details of the analysis to be used, how the findings will be presented and disseminated)

Analysis of Interviews:

An Interpretive approach to analyzing data will be used through the aid of thematic content analysis using the Framework analysis approach. This matrix based analytical method is a systematic way of managing the data which is considered rigorous.

A number of additional steps will be taken to ensure transparency of data analysis is achieved by:

1) Participation validation of Interviews:
To provide additional validation and guard against bias the transcripts will be returned to the participants to check for accuracy of transcription as well as giving trainees the chance to change, add or delete any aspect of the interview.

2) Computer management of interview data:
The computer software package Max QDA will be used for storage and retrieval of systematic data analysis. This software will record conceptual data analysis development by the use of colour coding.

Diary Interview:

A Diary interview method (Zimmerman and Weider 1977) will complement the data gathered within the interviews. At the end of training, the participants will be given a diary to complete which is unstructured so they are free to write in their own words about events and feelings important to them regarding the knowledge gained from this training and the child they care for.

Analysis of questionnaires:

Using SPSS a descriptive analysis of the questionnaires will be performed to describe the strengths and difficulties of the children the participants care for and the child’s impact upon the family. This will measure the mean, median and mode to explore central tendencies and measures of dispersion including the variance and standard variation.

*Please refer to attached proposal for further details.

Do you give consent for an abstract of your proposal and
subsequent findings to be placed on P C’s internal research network?

Yes

9. Ethics

(Please provide details of the ethical issues related to the research and how they will be addressed)

Approval will be sought from the School of Health Sciences and Social Work Ethics Committee (Portsmouth University) and the Local Social Care Research Ethics Committee (Vaughan Tudor Williams and Sarah Lewis).

Consideration has been given to informed consent in order to ensure voluntary participation from Foster carers. Karen Corrigan, Learning and Development Officer for the Social care Learning and Development Team has agreed to facilitate this via letter of invitation and consent (Please refer to recruitment and selection heading within this proposal for details of this).

Participation will be voluntary and non participation will not affect the training they receive. Confidentiality will be stressed and maintained. For more information about ethical issues considered for this proposal please refer to Appendix 16 of attached proposal.

10. Data Protection

(Please provide details of the data protection procedures associated with the research)

All data will be kept in a locked drawer in the administration office, or electronically in a secure password-protected file. Participant information will be maintained by ensuring that no individual will be identifiable from the data reported in the final analysis.

Diaries will be returned to the participants if requested. At the end of the study the tapes and transcripts will be kept according to regulations of the University of Portsmouth and the Research Ethics Committee after which data and tapes will be destroyed.

11. Appended Information

(Please detail any additional or supporting information being included in the application e.g. details of any co-researchers involved, questionnaires, interview schedule, consent forms)
Please refer to attached document for interview schedules, Information for Carers within Appendix 1a-16

Signature of Researcher
Main Researcher:

By signing, or returning this form electronically, I confirm that the information supplied is correct and that I understand the responsibilities placed upon me, as outlined below and they have been satisfied.

Signature: Mandy.Burton@ports.nhs.uk
(Please fill in email address if sending electronically)
Date: 12.03.09

Signature of Research Supervisor
Supervisor:

Signature: email ann.dewey@port.ac.uk
(Please fill in email address if sending electronically)
Date: 12.03.09
APPENDIX 10

SUMMARY OF OUTCOME TOOLS:
SDQ/FIQ/KNOWLEDGE QUESTIONNAIRES
<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Description</th>
<th>Administration</th>
<th>Interpretation</th>
<th>Psychometric properties</th>
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<tr>
<td>Strength and Difficulties Questionnaire (SDQ)</td>
<td>The SDQ is a brief 25-item assessment tool for children and young people aged between 3 and 17. This screening tool can be used to measure different aspects of a child’s emotional wellbeing and behaviour. This questionnaire consists of five scales: feelings and attitudes towards child, impact of the child on the family, financial impact, impact on marriage, and impact on social life.</td>
<td>Self Administered (10 minutes to complete) Pre-training and 12 week follow up.</td>
<td>The questionnaires were analysed to produce scores for each of the five scales. The sum of four of the scales were taken to generate a total difficulties score. For each diagnostic grouping there are three possible predictions, low risk, medium risk and high risk. Individual cases were compared on each of the four dimensions with normative means.</td>
<td>Goodman (2000) conducted a private household sample of the general population (N=7984). The scores were standardised into bandings and identified that within the general population roughly 80% of children are of low need with 10% of children having some need and 10% scoring high need.</td>
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<td>Family Impact Questionnaire (FIQ)</td>
<td>50 item questionnaire used to assess parents’ perceptions of child impact on their families relative to the impact of most children his or her age have on their parents/family.</td>
<td>Self Administered (10 minutes to complete) Pre-training and 12 week follow up.</td>
<td>5 factors: ‘Feelings and attitude towards child (15 items)’ ‘Impact of the child on parents (10 items)’ ‘Financial impact (7 items)’ ‘Impact upon marriage’ (7 items) ‘Impact upon social life (10 items)’ ‘Impact upon siblings (9 items)’ general questions (2 items)’ Individual cases were compared on each of the four dimensions with normative means.</td>
<td>Donenberg and Baker (1993) reported scale reliabilities ranging from r=.83 to .92. These were based upon the principle components of a preliminary 68 item FIQ completed by 118 parents of re-school children.</td>
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<td>Knowledge Quiz</td>
<td>Self devised 6 item questionnaires. A multiple choice knowledge based questionnaire was designed by the trainers and was administered to assess prior knowledge and post training knowledge over time.</td>
<td>Self administered (10 minutes to complete) Pre post training and 12 week follow up</td>
<td>5 multiple choice questions and one open ended coded question. The questions related to the content of the two day training.</td>
<td>Piloted in previous training in 2008. Feedback led to a revised version with a reduction from 14 to 6 questions and a reduction to one open ended question.</td>
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<td><strong>Portsmouth City Council Evaluation Questionnaire</strong></td>
<td>15 item questionnaire scored with a Likert scale with 1=Lowest score and 4= Highest score</td>
<td>Self administered (10 minutes to complete) Post training measure only.</td>
<td>15 questions with 11 containing the Likert score and 4 open ended questions. All questions were allocated a line for further comments.</td>
<td>Standard from used by Portsmouth City Council to evaluate satisfaction rates for foster carers attending training within their calendar.</td>
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APPENDIX 11
SUMMARY OF KNOWLEDGE QUESTIONNAIRE SCORES
## SUMMARY OF KNOWLEDGE SCORES

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<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td>N</td>
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<td>Y</td>
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</tr>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Q2</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
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<td>N</td>
<td>Y</td>
<td>Y</td>
<td></td>
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<td></td>
<td></td>
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<td>Y</td>
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<td></td>
<td></td>
<td></td>
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<tr>
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<td>Y</td>
<td>N</td>
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<td></td>
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</tbody>
</table>
APPENDIX 12

CHARACTERISTICS OF RESEARCH PARTICIPANTS: FOSTER CARERS
<table>
<thead>
<tr>
<th>Codes</th>
<th>1.1</th>
<th>1.2</th>
<th>1.3</th>
<th>1.4</th>
<th>1.5</th>
<th>1.6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Participant</td>
<td>Gender</td>
<td>Age</td>
<td>Ethnic Origin</td>
<td>No. Years Fostering</td>
<td>No. Children Fostering</td>
</tr>
<tr>
<td>Cohort 1</td>
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<td>40</td>
<td>White/British</td>
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<td>Female</td>
<td>34</td>
<td>White/British</td>
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<td>Male</td>
<td>43</td>
<td>White/British</td>
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<td>Female</td>
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<td>White/British</td>
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<td>44</td>
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<tr>
<td></td>
<td>5</td>
<td>Female</td>
<td>41</td>
<td>White/British</td>
<td>13</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Female</td>
<td>59</td>
<td>White/British</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Female</td>
<td>53</td>
<td>White/British</td>
<td>20</td>
<td>180</td>
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<tr>
<td></td>
<td>9</td>
<td>Female</td>
<td>44</td>
<td>White/British</td>
<td>7</td>
<td>4</td>
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<tr>
<td></td>
<td>10</td>
<td>Female</td>
<td>58</td>
<td>Black/African</td>
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<tr>
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<td>11</td>
<td>Male</td>
<td>59</td>
<td>Black/African</td>
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<td>0</td>
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<td>48</td>
<td>White/British</td>
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<td></td>
<td>13</td>
<td>Female</td>
<td>57</td>
<td>White/British</td>
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<td>10</td>
</tr>
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<td></td>
<td>14</td>
<td>Female</td>
<td>33</td>
<td>White/British</td>
<td>7</td>
<td>18</td>
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<td></td>
<td>16</td>
<td>Female</td>
<td>51</td>
<td>White/British</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Cohort 2</td>
<td>20</td>
<td>Female</td>
<td>56</td>
<td>White/British</td>
<td>8</td>
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<td>White/British</td>
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<td>2</td>
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<tr>
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<td>23</td>
<td>Male</td>
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<td>White/British</td>
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<td>0</td>
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<td>Male</td>
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<td>White/British</td>
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<td>39</td>
<td>White/British</td>
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<td>2</td>
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<td>27</td>
<td>Female</td>
<td>61</td>
<td>White/British</td>
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<td>6</td>
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<td>Female</td>
<td>64</td>
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APPENDIX 13

VISUAL COMPARISONS OF CHARACTERISTICS OF FOSTER CARERS, FOSTER CHILDREN AND BIRTH CHILDREN IN COHORT ONE (MAY 2009) AND COHORT TWO (NOVEMBER 2009)
Visual comparisons of characteristics of foster carers, foster children and birth children in Cohort One (May 2009) and Cohort Two (November 2009)

1. CHARACTERISTICS OF FOSTER CARERS

Table 1: Characteristics of foster carers in Cohort One and Two

<table>
<thead>
<tr>
<th></th>
<th>Gender</th>
<th>Age</th>
<th>Ethnic Origin</th>
<th>No. of years fostering</th>
<th>No. of children fostered</th>
<th>No. children currently in placement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohort 1</td>
<td>3</td>
<td>11</td>
<td>47</td>
<td>52</td>
<td>12</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>8</td>
<td></td>
<td></td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>Cohort 2</td>
<td>4</td>
<td>3</td>
<td>43</td>
<td>60</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>(n=7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>112</td>
<td>3</td>
</tr>
</tbody>
</table>


COHORT ONE:

In Cohort one there was a high percentage of females eleven (78%), in comparison to males three (22%). The majority of foster carers were of White British origin twelve (85%) whilst two (15%) foster carers were from Africa. The participants’ ranged from the youngest at 33 years to the oldest 59 years. The mean age of men was 47 years and women 52 years. The estimated levels of experience in terms of years fostering varied significantly from 0 to 20 years (mean 9 years). Six of the fourteen foster carers (three males and three females) had had no experience of fostering. The number of foster children in placement during the training workshop was 14 and the number of birth children was eight.

COHORT TWO:

Cohort two had a higher percentage of males four (57%) to females three (43%). All the foster carers were of White British (100%) origin with 13% being of Scottish
origin. The ranges of ages were from the youngest at 39 years to the oldest at 64 years. The mean age of men was 43 years and women 60 years. The estimated number of years fostering varied significantly from 0 to 17 (mean 6 years). Two of the seven foster carers had had no experience of fostering and both of these were male. The number of foster children in placement during the training workshop was three and the number of birth children was four.

2. CHARACTERISTICS OF FOSTER CHILDREN

Table 2: Characteristics of Foster Children in Placement.

<table>
<thead>
<tr>
<th></th>
<th>Gender</th>
<th>Age Range (Mean)</th>
<th>Ethnic Origin</th>
<th>Mental Health issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>WB  BA  MR  A</td>
<td></td>
</tr>
<tr>
<td>Cohort 1 (n=14)</td>
<td>9</td>
<td>5</td>
<td>12-16y (14y)</td>
<td>6 1 2 5 7</td>
</tr>
<tr>
<td></td>
<td>1-20y (13y)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohort 2 (n=3)</td>
<td>0</td>
<td>3</td>
<td>N/A</td>
<td>1 1 1 0 1</td>
</tr>
<tr>
<td></td>
<td>7-15y (11y)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


The table above summarises the characteristics of the children and young people who were cared for by the foster carers participating in each cohort during the two day training programmes.

COHORT ONE

Within Cohort one, there were fourteen children being cared for, nine (64%) of whom were males and five (36%) females. Half of the fourteen children had experienced mental health issues. With a male age range from 1 to 20 years, the mean age of boys was 13 years. With a female age range from 12 to 16 years the mean age of girls was 14 years. The most frequent age of the children was 15 years old. Ethnicity varied with two young people Mixed Race/British, six White/British, five Asian, and one African.
COHORT TWO

Within Cohort two only three children were in placement all of whom were females with ages ranging from 7 to 15 with the mean age being 10 years old. One young person had experienced mental health issues. Ethnicity was mixed with one young person African, one Mixed Race/ British and one White/British.

3. CHARACTERISTICS OF BIRTH CHILDREN

Table 3: Characteristics of birth children in Placement.

<table>
<thead>
<tr>
<th></th>
<th>Gender</th>
<th>Age Range</th>
<th>Ethnic Origin</th>
<th>Mental Health issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>(Mean)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Cohort 1 (n=6)</td>
<td>3</td>
<td>3</td>
<td>9-16y (12y)</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6-20y (13y)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cohort 2 (n=4)</td>
<td>2</td>
<td>2</td>
<td>14-16y (13)</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3-17y (10y)</td>
<td>0</td>
</tr>
<tr>
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<td></td>
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</tr>
<tr>
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<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>


The table above summarises the characteristics of the children and young people who were the birth children of the foster carers participating in each cohort during the two day training programme.

COHORT ONE

Within Cohort one there were six birth children being cared for, three (50%) of whom were males and three (50%) were females. None of the children had experienced mental health issues. Within a male age range from 9-16 years, the mean age was 12 years. With a female age range from 6 to 20 years, the mean age of girls was 13 years. The most frequent age of children was 16 years old. Ethnicity varied with two young people Black/African and four young people White/British.
COHORT TWO

Within Cohort two there were four birth children being cared for, two (50%) of whom were males and two (50%) of whom were females. One child had experienced mental health issues. With a male age range from 14-16 years the mean age of boys was 13 years. With a female age range from 3-17 years the mean age of girls were 10 years. All children and young people were described as White/ British.
APPENDIX 14
SDQ TABLES
### SDQ TABLES

**Visual Comparisons of Level of Need.**

**Cohort 1 & 2:** Percentage of responses for each scale for Pre and Follow up SDQ (n=19: Whole Cohort)

<table>
<thead>
<tr>
<th></th>
<th>Low Need Pre-Training</th>
<th>Low Need Follow Up</th>
<th>Some Need Pre-Training</th>
<th>Some Need Follow Up</th>
<th>High Need Pre-Training</th>
<th>High Need Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
</tr>
<tr>
<td>Emotional</td>
<td>12 63%</td>
<td>12 63%</td>
<td>0 0%</td>
<td>2 11%</td>
<td>7 37%</td>
<td>5 26%</td>
</tr>
<tr>
<td>Conduct</td>
<td>8 42%</td>
<td>12 63%</td>
<td>3 16%</td>
<td>4 21%</td>
<td>8 42%</td>
<td>3 16%</td>
</tr>
<tr>
<td>Hyperactive</td>
<td>14 74%</td>
<td>14 74%</td>
<td>2 11%</td>
<td>4 21%</td>
<td>3 16%</td>
<td>1 52%</td>
</tr>
<tr>
<td>Peer</td>
<td>10 53%</td>
<td>11 58%</td>
<td>2 11%</td>
<td>2 11%</td>
<td>7 37%</td>
<td>6 32%</td>
</tr>
<tr>
<td>Pro-social</td>
<td>9 47%</td>
<td>12 63%</td>
<td>1 5%</td>
<td>0 0%</td>
<td>9 47%</td>
<td>7 37%</td>
</tr>
<tr>
<td>Total</td>
<td>10 53%</td>
<td>13 68%</td>
<td>5 26%</td>
<td>2 11%</td>
<td>4 21%</td>
<td>4 21%</td>
</tr>
</tbody>
</table>

**Cohort 1:** Percentage of responses for Pre and Follow up SDQ (n=12: Cohort 1)

<table>
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<th>Some Need Pre-Training</th>
<th>Some Need Follow Up</th>
<th>High Need Pre-Training</th>
<th>High Need Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
</tr>
<tr>
<td>Emotional</td>
<td>7 58%</td>
<td>8 67%</td>
<td>0 0%</td>
<td>2 17%</td>
<td>5 42%</td>
<td>2 17%</td>
</tr>
<tr>
<td>Conduct</td>
<td>4 33%</td>
<td>9 75%</td>
<td>1 8%</td>
<td>2 17%</td>
<td>7 58%</td>
<td>1 8%</td>
</tr>
<tr>
<td>Hyperactive</td>
<td>9 75%</td>
<td>11 92%</td>
<td>1 8%</td>
<td>1 8%</td>
<td>2 17%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Peer</td>
<td>6 50%</td>
<td>8 67%</td>
<td>1 17%</td>
<td>2 17%</td>
<td>5 42%</td>
<td>2 17%</td>
</tr>
<tr>
<td>Pro-social</td>
<td>5 42%</td>
<td>8 67%</td>
<td>1 0%</td>
<td>0 0%</td>
<td>6 50%</td>
<td>4 33%</td>
</tr>
<tr>
<td>Total</td>
<td>6 50%</td>
<td>10 83%</td>
<td>3 25%</td>
<td>1 8%</td>
<td>3 25%</td>
<td>1 8%</td>
</tr>
</tbody>
</table>

**Cohort 2:** Percentage of responses for Pre and Follow up SDQ (n=7: Cohort 2)

<table>
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<th>Low Need Follow Up</th>
<th>Some Need Pre-Training</th>
<th>Some Need Follow Up</th>
<th>High Need Pre-Training</th>
<th>High Need Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
<td>Total %</td>
</tr>
<tr>
<td>Emotional</td>
<td>5 71%</td>
<td>4 57%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>2 29%</td>
<td>3 43%</td>
</tr>
<tr>
<td>Conduct</td>
<td>4 57%</td>
<td>3 43%</td>
<td>2 29%</td>
<td>2 295</td>
<td>1 14%</td>
<td>2 29%</td>
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<td>4 57%</td>
<td>1 14%</td>
<td>1 14%</td>
<td>1 14%</td>
<td>2 29%</td>
</tr>
<tr>
<td>Peer</td>
<td>4 57%</td>
<td>3 43%</td>
<td>1 14%</td>
<td>0 0%</td>
<td>2 29%</td>
<td>4 57%</td>
</tr>
<tr>
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<tr>
<td>Total</td>
<td>4 57%</td>
<td>3 43%</td>
<td>2 29%</td>
<td>1 14%</td>
<td>1 14%</td>
<td>3 43%</td>
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**Foster Children:** Percentage of responses for Pre and Follow up SDQ (n=11: Foster children)

<table>
<thead>
<tr>
<th></th>
<th>Low Need Pre-Training</th>
<th>Low Need Follow Up</th>
<th>Some Need Pre-Training</th>
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<td>18%</td>
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<td>73%</td>
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<td>73%</td>
<td>0</td>
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</tr>
<tr>
<td>Peer</td>
<td>4</td>
<td>36%</td>
<td>5</td>
<td>45%</td>
<td>2</td>
<td>18%</td>
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<tr>
<td>Pro-social</td>
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<td>18%</td>
<td>4</td>
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**Birth Children:** Percentage of responses for Pre and Follow up SDQ (n=8: Birth Children)

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<th>High Need Follow Up</th>
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</thead>
<tbody>
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<td>0%</td>
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<tr>
<td>Pro-social</td>
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<td>88%</td>
<td>6</td>
<td>75%</td>
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<td>0%</td>
</tr>
</tbody>
</table>
Diary

Evaluation of Attachment Training
Dear

This diary will be given to you after the Attachment Training.

Please record any events that occur within the next 3 months in relation to the training received.

Could you record your feelings and your reflections upon the knowledge gained from the training.

The diary will be collected before the final interview and will be kept confidential. The aim of the diary is to enable further exploration of your experiences after attending the training.

You will be given the option to keep the diary once the interview is completed.

If you have any further questions please contact me on 023 92 684700.
<table>
<thead>
<tr>
<th>Events.........</th>
<th>Feelings</th>
<th>Reflections/Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 16

INTERVIEW SCHEDULES
**Interview Schedule**

May 2009 – Initial Interview

1. **Introduction**

(Advanced Nurse Specialist, Doctorate research at Portsmouth University, role as trainer and researcher)

2. **Outline aims of the project**

To evaluate foster carers experiences and increased knowledge from the training group. Aim to gain insight into individual experiences.

3. **Discuss with Participants what Participation Involves**

(Initial interview, follow up interview and 3 months later. Interviews to last 30 minutes)

Diary during training and after.

4. **Copies of Consent form to be Read, Signed and Returned**

One to be retained by participant.

Outline ethical issues. Any questions/concerns.

5. **Permission to Audio-tape the Interviews**

Confidentiality
Anonymity
Interviews transcribed
Tapes destroyed

Findings will be reported back to clinicians to help develop future training groups.

6. **Outline of First Interview**

Hopes and expectations from the group.

**Topics to be covered:**

1. Why did the participant apply for the training? (Were they referred? Was it voluntary?)
2. Have they attended the training before? What other help have they received?
3. How do they expect the training group to help them? (Needs/expectations)
4. Any difficulties/anxieties/problems regarding the group?
5. Any other aspects of their experience that may be relevant to the aims of the project? (reiterate if needed)
6. Ask participants to fill in knowledge questionnaire, baseline characteristics information, strengths and difficulties questionnaire and family impact questionnaire.

**Closure**

Thank the participant for their help and for giving up their time to be interviewed.
Introduce the aims of the post and follow up interview (to understand your experiences of the attachment group and news on what happened during the course of the group. How it might have helped and so on)

Check whether it is okay to contact them by telephone when the group is finished and in 12 weeks time to arrange the follow up interviews.
Interview Schedule

May 2009- Post interview

1. Introduction

Reminder of confidentiality/anonymity

Introduce aims of post interview. (To find out how the participant found the group. To give out knowledge questionnaires.)

2. Outline of Post interview

Topics to be covered:

1. How did you find the group?

2. Did you find the group helped or supported you in any way (change understanding)?

3. Was there anything you found difficult/didn’t like/would do differently?

4. Were your expectations met?

5. Satisfaction?

6. Any other issues that seem relevant?

Closure

Thanks for the participants time/help.

Reminder of follow up in 12 weeks. Arrange and set date.
Interview Schedule

July 2009- Follow up interview

Introduction

Reminder of confidentiality/anonymity

Introduce aims of follow-up interview (to find out how the participant found the group)

Topics to be covered:

1. How did you find the group? Did you find attending the group has helped over the last 12 weeks? How?

2. Did you find ongoing support from within the group?

3. Was there anything you found difficult/would do differently?

4. Were your expectations met?

5. Satisfaction?

6. Any other issues?

Closure

Thank participant for time/help.
Wish them all the best for the future.
Reminder that reports will be sent out July 10 to summarise the findings of the project.
APPENDIX 17

SENSITIVITY TOOL
SENSITIVITY

First, make a list of your characteristics:

My name is Mandy Burton and I am a 45 year old female. My nationality is British and my ethnicity is white.

My philosophy of life is humanistic in that I believe you should treat each other with respect and dignity and strive to live your life to the fullest.

I am a vegetarian. My political persuasion is left wing and I believe in equality and diversity and am passionate about the National Health service and public services generally.

My favourite psychological theory is Gestalt which values human nature choice and self awareness.

List four more characteristics: words or phrases that are descriptive of you as an individual:

I am strong minded, passionate, loving and patient.

It is likely that these ten characteristics will be at the roots of your more obvious biases; that they will underlie the ethnocentric and egocentric tendencies that we all have. And that is the second part of this exercise:

1. List ways in which your characteristics might bias you in your efforts at research interviewing.

   • Ability to understand when a placement breaks down as I am passionate to support both carers and child’s emotional needs and feel once an attachment is made it is the most protective factor a child may have. A conflict occurs at times when listening to the history of placements and my need to be non-judgemental is paramount.
   • As I am not religious I find it difficult to tune into the religious beliefs of others.
   • Have high expectations of others.
• May rush ahead in my urgency to find out more from foster carers.

2. Then write how you might counteract these biases.

• Increasing experience with foster carers has demonstrated that they hold onto these children emotionally despite placement breakdown. My role needs to be non-judgemental when interviewing and support them through this process
• Acknowledge differences, value and be curious about them.
• Realistic about what to expect from others.
• Slow pace of interview down and be aware of own agenda.

3. And then write how these efforts to counteract your biases might themselves lead to other biases!

• Positive discrimination could be a bias in itself.
• Awareness of preconceived ideas
• Awareness of professional perspective
• Being open to be challenged both professionally and personally.

Date completed ...April 2009..................................................

Adapted from Qualitative Methods Book website address:
//www.trentrdsu.org.uk/resources_qualitative.html
APPENDIX 18

EXAMPLE OF PRE-TRAINING CHART
EXAMPLE OF PRE-TRAINING CHARTS

Chart 2: Pre-Training interviews Cohort 1 and 2

2.1: Motivation to attend training.

<table>
<thead>
<tr>
<th>Codes</th>
<th>2.1.1</th>
<th>2.1.2</th>
<th>2.1.3</th>
<th>2.1.4</th>
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</thead>
<tbody>
<tr>
<td>Sub-categories</td>
<td>Advised to Attend/Self Motivation</td>
<td>Training Portfolio</td>
<td>Previous Personal/Work Experience</td>
<td>Understand the child</td>
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</tbody>
</table>

2.2: Expectations of Training

<table>
<thead>
<tr>
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<th>2.2.4</th>
<th>2.2.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-categories</td>
<td>Knowledge</td>
<td>Support from Network</td>
<td>Understanding Mental Health</td>
<td>Experienced Carers</td>
<td>New Carers</td>
</tr>
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</table>

Chart 3: Post-Training interviews Cohort 1 and 2

3.1 Experiences of other carers.

<table>
<thead>
<tr>
<th>Codes</th>
<th>3.1.1</th>
<th>3.1.2</th>
<th>3.1.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-categories</td>
<td>Hearing experiences of other carers.</td>
<td>CAMHS Support</td>
<td>Networking</td>
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</table>

3.2: Knowledge

<table>
<thead>
<tr>
<th>Codes</th>
<th>3.2.1</th>
<th>3.2.2</th>
<th>3.2.3</th>
<th>3.2.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-categories</td>
<td>Increased understanding / Insight</td>
<td>Underpins Practice</td>
<td>Emotions behind behaviours</td>
<td>Parenting Skills</td>
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</table>

3.3 Format

<table>
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<th>3.3.2</th>
<th>3.3.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-categories</td>
<td>Content</td>
<td>Atmosphere</td>
<td>Handouts</td>
</tr>
</tbody>
</table>

3.4: Personal Issues
3.4.1 3.4.2 3.4.3

Sub-categories Managing Stress Personal Histories Isolation

Chart 4: Follow up Interviews Cohort 1 and 2

4.1: Understanding the emotional needs of children

4.1.1 4.1.2 4.1.3

Sub-categories Mental Health Emotions behind behaviour Knowledge

4.2: Personal perceptions

4.2.1 4.2.2 4.2.3

Sub-categories Support Insight/Awareness Impact on Home/School environment

4.3.1 Parenting Skills

4.3.1 4.3.2 4.3.3

Sub-categories Confidence Parenting in practice Activities

4.4. Experience of CAMHS support and training

4.4.1 4.4.2

Sub-categories Future training needs CAMHS Support
APPENDIX 19

CHARTS OF THEMES
Charts of Themes
APPENDIX 20

MIND MAPS OF 10 CENTRAL THEMES
Theme 1: ASSOCIATIONS/EXPLANATIONS

**Intrinsic**
- Mandatory/voluntary
  - Self Motivated
  - Updating curiosity to Learn
- Raise healthy children
- Ownership of need for Self development
- (1) Motivation to attend
- Skills to foster mental health
  - Understanding skills
  - Stigma mental
  - Health networking
  - Policy updates

**Extrinsic**
- Advised
- Supervision
- Role of co-ordinator
- Peer pressure
- Skills to foster Programme

**CWDC**
- Care standards
- Professionalization
- Cultural changes influenced by policy/act
- Experience of work
  - Work
    - CAMHS support
    - CAMHS waiting lists
  - “Do it for myself”
  - Network
- Chronology
  - carers awareness of own history
- Personal
  - Awareness of history
  - Parent differently

**PRE INTERVIEWS**

**(1)** Motivation to attend
Theme 2: ASSOCIATIONS AND EXPLANATIONS

PRE INTERVIEWS

(2) Expectations of training

Professionalization

Knowledge awareness mental health issues
Systems in Social Care uniqueness of child ‘Knowing terminology’

Role of peer group

Challenge stigma

Sharing good practice

Support from network
Use of training
Peer support
Buddying
Carer’s community

New carers
Listen to others
Where to get backup

Experience carers
Sharing experiences
Update research
Mastery over skills
Learn from others

Understanding mental health
Challenge prejudice
Help own confidence
Insight - expert

Sense of community

Valuing role of peers

Prevent Isolation

Listen to others
Where to get backup

Mastery over skills
Learn from others

Sense of community

Valuing role of peers
Theme 3: ASSOCIATIONS AND EXPLANATIONS

POST INTERVIEWS

- Networking
- Peer support
- Extended network
- Identity as experts

Reduction of Isolation

Empowering carers

(3) Experience of other carers

- Hearing others
- Listening to other stories
- Mix of experience and inexperience

Neutrality of trainers

- CAMHS SUPPORT
- Wanted own NHS worker
- CAHMS direct supervision
- Facilitation GD
- Access to information

Real stories

Connectedness

Mix of foster carers

Sole professional group
Theme 4: ASSOCIATIONS AND EXPLANATIONS

POST INTERVIEWS

Linked to levels of carers

Underpin
Practice
? Next level
Theory helps
update

Empowerment

Parenting skills
Not so reactive
Confidence in skills
Prepared
Choosing battles
Techniques

Perceptions of skills gained

Stability of placement

Advocacy

High % highlighted this

Understanding and insight
Aspects of attachments
Reflected on past children
Learning ++
Jigsaw puzzle
Challenged stigma
Role modelling

Connections

(4)
knowledge

Emotional behind
Behaviour
Why? Reasoning
Linking trauma
In touch with how child feels
Not personal

Empathizing with child
Theme 5: ASSOCIATIONS AND EXPLANATIONS

POST TRAINING

(5) FORMAT

Sharing information with family
- Handouts
- Helpful
- Useful refresher
- Partner reading up
- Handouts later
- References
- Family read it
- Gave to colleagues

Refresh
- Further reading

Sharing theory

Information overload
- Content
  - Good use of video/OLD
  - Spread it out more
- Supportive
- GD timing
- More days
- Need to repeat
- Reading slides mundane

Mix of carers

More days

Facilitation import
- Atmosphere
  - Relaxed
  - Too much talking
- Familiarity
- Safe
- Good mix
- Dynamics of trainers

Disclosed more
Theme 6: ASSOCIATIONS AND EXPLANATIONS

POST TRAINING

Immediate Reaction

Stress
Calmer reactions and Household
Slowing down Not taking personally

Personal Issues

(6)

Isolation
Ability to tolerate stress Role of co-ordinator

Personal history
Link to history Beginning to reflect Pebble in ocean Talking to family Role of co-ordinator

Theme 7: ASSOCIATIONS AND EXPLANATIONS

FOLLOW UP

Mental Health
Perceptions of behaviour altered Open minded Advocacy
Change in behaviour carers Developmental delays

Reducing stigma

(7)
Understanding
Emotional needs of children

'Aha moment'

Empathy ++

Emotional needs
Change in behaviour carers Tolerant Empathy for past Open mind advocacy

Knowledge
Increase in understanding Carers aware and motivated To learn more Change through knowledge

Finding a language for emotions
Theme 8: ASSOCIATIONS AND EXPLANATIONS

FOLLOW UP

Need for base for carers

Support
Contact number follow up
Links with carers with similar age children
Keeping in contact – base
Buddy system
Couples

Impact at school
Working quickly to help, communication
Advocacy
Practical techniques
Lists
Reminders
Executive functioning

Digesting and reflecting

Insight/awareness
Changed outlook
Eye opener
Awareness of own behaviour
Confidence to see things through
Pulled in under wider family

Impact home
More focus on activities in home
↑ atmosphere
↑ humour

“Ripple effect”
↓
Home
↓
School
↓
Personal insight

(8) Personal Perceptions

ACTIONED
Theme 9: ASSOCIATIONS AND EXPLANATIONS

FOLLOW UP

Skills
- Parenting in practice
- Patience and tolerance and empathy
- PACE
- Overload for children
- Gut instincts
- Behavioural approaches

Parenting skills

Activities
- Increasing fun/laughter
- Practical tasks to bonding
- Empowered

Confidence
- Equipped
- Confidence
- Knowing openness

Self esteem

Becoming experts

Empowering
Theme 10: ASSOCIATIONS AND EXPLANATIONS

FOLLOW UP

Support
- Increased access
- Direct consultation and access
- More workshops
- Large team

(10)
CAMHS support

Training Needs
- Wanting more and often supervision consultation
- Groups
- Every 2 years Neutrality of trainers
- Examples in practice

Aid referrals

Raises awareness role of CAMHS
APPENDIX 21

PHOTOGRAPH OF CENTRAL CHART
Central Chart
## Step by Step Audit Trail

<table>
<thead>
<tr>
<th>Stages of Analysis</th>
<th>Rationale</th>
<th>Action of Analyst</th>
</tr>
</thead>
</table>
| **1. Familiarisation** | - Gained a feel for the atmosphere, the mood and the rapport within the atmosphere.  
- Ensure the Admin assistant has transcribed the dialogue correctly.  
- Considered importance of immersion in data collected.  
- Linked to approaching data for first time.  
- Acknowledge the structure of the interviews and impact on responses.  
- Awareness of similarity of themes.  
- Key ideas about possible Themes and connections surfacing. | - Annotated Interviews.  
- Listened to tapes and corrected transcripts.  
- 20 Days reading and re-reading the interviews (See appendix).  
- Highlighted emerging ideas and themes from data contained in cohort one and two separately. (Pre, post and follow up interviews.)  
- Noted down limitations, bias interview style.  
- Combined the two sets of themes due to similarities of themes Experienced and inexperienced carers emerged. |

**Pre-interviews**

Linked desire to understand motivation as category to include sub themes:
- Advised by others/Self motivated  
- Training portfolio(CWDC)  
- Previous experience of training.  
- Desire to understand children.

Linked perceptions with expectations of training:
- Gain knowledge  
- Support from the network  
- Understanding of Mental Health.  
- Role of services

Developed two sub themes for carers as:
• Changed and made further links as worked through the familiarisation process of the interviews.

this related to the different expectations of the training given experienced carers had attended before.

• Experienced Carers:
  ➢ Desire to help and support
  ➢ Refresh and update research
  ➢ Communication

• Inexperienced carers:
  ➢ Personal/reflect on own history
  ➢ Confirmation of behaviour
  ➢ Benefits to skill/health.
  ➢ Learn from others.

Post interviews:

Linked hearing the experiences of other as a category to include sub themes:

• Experience of carers
  ➢ Communication
  ➢ Reflect on past issues
  ➢ Develop skills
  ➢ Networking
  ➢ Taking things personally

Decision to break this up into desire to gain further knowledge within this.

• Knowledge
  ➢ Aspects of attachment
  ➢ Skills developed
  ➢ Networking

Other commons areas linked to prior issues regarding environmental issues and content to be grouped together.

• Format
  ➢ Kept calm
  ➢ Safety in group to express feelings
  ➢ Timescale

Big surprise as little in literature about the effect of training on foster carers own personal development.

• Personal issues
  ➢ Taking things personally
  ➢ Anger
  ➢ Keep calm.

Follow up interviews:
Linked initial themes of understanding the needs of the child as a category. This changed later to emotional needs of the child as themes were more broad regarding a range of presenting emotions of the children they care for:

- Emotional needs
  - Needing more praise
  - Finding a language for emotions
  - Stigma

Personal perceptions were linked also to observed changes in home and school life. Initially separate categories were devised however this was reduced under this heading as not actual but perceived.

- Personal perceptions
  - Reframing
  - More prepared/ stronger
  - Able to ask for help
  - Household calmer
  - More assertive.

Parenting skills seemed to be category of its own. This was not asked directly in interviews but themes surfaced in many of the follow up interviews.

- Parenting Skills
  - Confidence/further reading
  - Teaching more
  - Noticing good bits
  - Parenting easier

Linking priori issues such as how we could improve training and support needs led to the development of Experience of CAMHS support and training as two new themes.

- CAMHS support and training
  - Support
  - Training in future.

### 2. Thematic Framework

- Key issues, concepts and themes identified
- Considered aims of and objectives of research
- Created detailed index when counting priori issues emerging themes.
- Linking Priori issues with themes emerging.
### Priori issues explored

- Gain new knowledge of foster carers needs through CAMHS training.
- Explore the experience of the whole process/journey of training.
- Understanding of why carers sought Attachment training.
- Were they referred?
- Perceptions of voluntary or Mandatory
- Previous contact with CAMHS/Support.
- Perceptions of what training will provide.
- Experience of carers receiving the training
- Did the training provide help and support
- Any changes they would make
- Any difficulties with the training.
- Where expectations met.

### Pre Training

**Motivation.**
- Advised to attend.
- Self motivation.
- Training portfolio.
- Previous Personal experience.
- Previous work experience.
- Understand the Child.

**Expectations.**
- Knowledge.
- Support from network.
- Understanding mental health.
- Experienced carers.
- New carers.

### Post Training

**Sharing experiences of carers**
- Hearing experiences of other carers.
- CAMHS support.
- Network.

**Knowledge**
- Increased understanding/insight.
- Underpins practice.
- Emotions behind behaviours.
- Parenting Skills.

**Format**
- Content.
- Atmosphere.
- Handouts.

**Personal Issues**
- Managing stress.
- Personal histories.
- Isolation.

### Numbered lines/highlighted categories.
1. Examined potential gaps in sampling strategy.

2. Important limitations when considering reflection on findings in later stages.

3. **Indexing**

   - To apply index systematically to the data.
   - Thorough progressing through interviews highlighting index to data with numerical codes.
   - Identified data is in orderly form within the interview.
   - Numbered the participants in order to later identify the context or replace summary into data.
   - Chronological summary of each piece of data.
   - Re-reading the data placing numerical codes. (See Appendix?)
   - Used cut and paste with highlighter to identify numerical codes visually in

<table>
<thead>
<tr>
<th>Follow-up Training</th>
</tr>
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<tbody>
<tr>
<td><em>Emotional needs of children in care</em></td>
</tr>
<tr>
<td>➢ Mental Health.</td>
</tr>
<tr>
<td>➢ Emotions behind behaviours.</td>
</tr>
<tr>
<td>➢ Knowledge.</td>
</tr>
<tr>
<td><em>Personal Perceptions</em></td>
</tr>
<tr>
<td>➢ Support.</td>
</tr>
<tr>
<td>➢ Insight/Awareness.</td>
</tr>
<tr>
<td>➢ Impact on the home.</td>
</tr>
<tr>
<td>➢ Impact on the school.</td>
</tr>
<tr>
<td><em>Parenting Skills</em></td>
</tr>
<tr>
<td>➢ Confidence.</td>
</tr>
<tr>
<td>➢ Parenting in practice.</td>
</tr>
<tr>
<td>➢ Activities.</td>
</tr>
<tr>
<td><em>Experience of CAMHS support and training</em></td>
</tr>
<tr>
<td>➢ Camhs support</td>
</tr>
<tr>
<td>➢ Future training needs.</td>
</tr>
<tr>
<td><em>Number in sample/Diversity of group. Bias</em></td>
</tr>
</tbody>
</table>
### 4. Charting

- Rearranging the data according to the part of the thematic framework it relates to.
- Aim to create charts from indexing process.
- Identify key information.
- Importance of retaining language of respondents.
- Titled the charts:
  - Participants.
  - Motivation
  - Expectation
  - Sharing experiences
  - Knowledge.
  - Format.
  - Personal Issues.
  - Understanding the emotional needs of children in care.
  - Personal perceptions
  - Parenting skills.
  - Experience CAMHS.
- Remove the dross.
- Mark the quotations.

### 5. Mapping

- Find associations between themes.
- Explain findings.
- Develop concepts.
- Considered associations between the 4 charts.
- Consider theories to inform study.
- Highlighted any phenomenon identified.
- Visually noted the amount of similarity of themes using mind maps.
- Recurrent themes explored

Explicit relationships between subtopics of themes arose.
APPENDIX 23

ACAMHS PRESENTATION 2010
ACAMHS SIG LAC

Dear SIG Member

It gives me great pleasure, on behalf of Anto and Carmen, to confirm that the postponed meeting has now been rescheduled and will take place on 18 October 2010, commencing at 1.30pm with registration and refreshments, for a meeting start time of 2.00pm; the venue will be the ACAMH office, 39-41 Union Street, London Bridge.

There is a great agenda:

- Mandy Burton & Fiona Giddey from Portsmouth CAMHS will be presenting the results of their project on the impact of a training program for carers on attachment.
- Stephen Scott and Matthew Woolgar from the National Conduct, Adoption & Fostering Team at the Michael Rutter Centre will give an outline of their service

Definitely not a meeting to be missed (not that any are!)

We very much look forward to welcoming you.

Wishing you the very best for the weekend, Ingrid

Ingrid King, ACAMH Executive Director
39-41 Union Street, London SE1 1SD; tel 020 7403 7458; fax 020 7403 7081
ingrid.king@acamh.org.uk  www.acamh.org.uk

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APPENDIX 24

SOLENT NHS TRUST PRESENTATION: MAY 2011
CELEBRATION OF GOOD PRACTICE
Dear Mandy

Thank you for agreeing to present at the conference I can confirm that you have a place booked to attend.

We request that if you are providing an oral presentation you stay to attend the two other sessions in your section to minimise disruption to the other speakers. If you are staying all day you will be asked at registration to sign up for the sessions you wish to attend. Please ensure that you do this as we have limited numbers of seats available in some of our rooms.

We look forward to welcoming you to our conference and meeting you in May.

Yours sincerely

Debbie Knight, Deputy Head of Nursing and Midwifery Education
APPENDIX 25

PROPOSED RESEARCH STAGES
Stages of Proposed Programme

July ’08–January ’09

✧ Complete Proposal

January ’09–April ’09

✧ Ethics Approval
✧ Liaise with Karen Corrigan re Cohort (April 09)
✧ Send out introductory letter
✧ Follow up telephone call
✧ Pre-training interviews
✧ Introduction of diary

May ’09–July ’09

✧ Attend training
✧ Post training Interviews
✧ Collection of and computer input of data
✧ Follow up Interviews

July ’09–November ’09

✧ Liaise with Karen Corrigan re: Cohort 2 (November 09)
✧ Send out introductory letter
✧ Follow up telephone call
✧ Pre-training interviews
✧ Introduction of diary
✧ Attend training
✧ Post training Interviews

Feb ’10–March ’10

✧ Follow-up Interviews
March ‘10-September ‘10

✧ Collate and analyse data

December ‘10-November ‘11

✧ Write up thesis and disseminate findings